

## CARING AND CONFLICTED: MOTHERS' ETHICAL JUDGMENTS ABOUT CONSUMPTION

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**Abstract**

Literature on consumer ethics tends to focus on issues within the public sphere, such as the environment, and treats other drivers of consumption decisions, such as family, as non-moral concerns. Consequently, an attitude-behaviour gap is viewed as a straightforward failure by consumers to act ethically. We argue that this is based upon a view of consumer behaviour as linear and unproblematic, and an approach to moral reasoning arising from a stereotypically masculine understanding of moral reasoning which foregrounds abstract principles. By demonstrating the importance of context to consumption decisions and articulating the impact of caring relationships, we highlight how such decisions are both complex and situated. This is particularly evident for decisions involving the needs of others, as occurs in family life. We argue that the incorporation of care ethics provides both theoretical insights and a more complete account of consumer ethics. This is explored empirically through an investigation of the ethical dilemmas arising from consumption decisions made by mothers of young children. Such decisions juxtapose an ethical consumption orientation (representing impartial concerns) with care for one's child. Therefore, what has been previously considered a failure to act ethically may in fact be the outcome of complex decision making, which involves competing ethical considerations. We discuss the implications of our findings for theory and practice

and how this approach to consumer ethics could be applied more widely.

**Key-words:** attitude-behaviour gap, care ethics, ethical consumption, moral theory, motherhood

## Introduction

The dominant theories within moral philosophy have treated “‘public life’ as relevant to morality while missing the moral significance of the ‘private’ domains of family and friendship” (Held, 2006: p. 13). Within discussions of the ethics of consumption a similar situation has occurred, with an almost exclusive focus on ethical responsibilities within the public sphere (e.g. Bray *et al.*, 2011). “Private” matters such as the influence of family on decision making have either been ignored, or treated as impediments to making positive ethical choices (see e.g. Szmigin *et al.*, 2009). As a result, setting aside social or environmental concerns because (for example) of a product’s benefits to the consumer’s family has been regarded as a failure to act ethically, and treated as a gap between attitude and behaviour. In this paper we problematize this view of an attitude-behaviour gap and address the neglect of “private-sphere” morality. In particular, we study the moral weight that mothers give to caring for their children and the ways in which they balance this with other ethical concerns when making consumption decisions. We do this by applying the philosophy of “care ethics” (Held, 2006; Timmons, 2002: p. 224), which provides a novel and more comprehensive account of ethical consumption.

The relationship between an individual’s attitude and their behaviour has been conceptualised as being linear and direct (Ajzen and Fishbein, 1980). As such, consumers are assumed to make purchase decisions that are consistent with their attitudes to, for example, environmental or ethical concerns (Roberts and Bacon, 1997). However, this is not always the case. Where there is a divergence between a consumers’ attitude toward ethical issues and their actual behaviour (Auger and

Devinney, 2007; Chatzidakis *et al.*, 2006) it is conceptualised as an “attitude-behaviour gap” (Carrigan and Attalla, 2001: p. 564). While some researchers explain poor attitude-behaviour correspondence as the result of inappropriate attitudinal specificity (see Ajzen and Fishbein, 1980) others explain the “gap” as the outcome of personal and circumstantial factors that act as pragmatic inhibitors (Bray *et al.*, 2011; Carrington *et al.*, 2010) to behave in accordance with one’s stated ethical position. Examples include the unavailability of appropriate products or services (Laroche *et al.*, 1996; Shaw and Clarke, 1999), the expense associated with more “ethical” alternatives or the inferior perceived quality of these offerings (Bray *et al.*, 2011; Newholm and Shaw, 2007; Shaw and Clarke, 1999). Rather than assuming a linear and unproblematic relationship between attitude and behaviour, a number of authors have considered consumers as reconciling “a plurality of ethical stances underpinned by competing priorities and compromises” (Szmigin *et al.*, 2009: p. 229) including price and convenience, as well as intra-relational aspects of their lives (see Cherrier, 2007), such as negotiations with family members (e.g. Carey *et al.*, 2008; Slater and Miller, 2007; Szmigin *et al.*, 2009) and regard for the ethical views of friends (e.g. Shaw and Clarke, 1999). In a similar vein, care ethicists view moral decisions as made by “interconnected persons in the contexts of family, friendship and social groups” rather than “independent and mutually indifferent individuals” (Held, 2006: p. 13). Applying this broader perspective to consumer ethics enables a wider appreciation thereof and a more nuanced understanding of the attitude-behaviour gap. In particular, through considering that, in the context of family, decisions are rarely individualistic (Kerrane *et al.*, 2012; O’Malley and Prothero, 2006) and that care for others has moral significance on its own (Held, 2006), we show that the behavioural decisions considered to demonstrate an attitude-behaviour gap are actually complex

and situated, and involve competing moral stances. Care ethics (Held, 2006; Timmons, 2002), as we will demonstrate, represents a useful framework for appreciating this relational dimension of ethical consumption.

The impact of the private sphere on consumption has been highlighted by researchers in family studies and consumer research (see Cook, 2008; Epp and Price, 2008; Martens *et al.*, 2004; O'Malley and Prothero, 2007), and in particular in ethical consumption (Carey *et al.*, 2008; Carrington and Neville, 2011; Shaw and Clarke, 1999). Consideration of the effect of the wider family context on decision-making allows for the inclusion of the private sphere in our understandings of morality (see Held, 2006) specifically in terms of how it influences ethical consumption. In this paper we explicitly incorporate the influence of the private realm on ethical choices by attending to the moral decision-making that mothers of small children make in relation to consumption. The focus on mothers allows us to explore how ethical decisions are made within an archetypical caring relationship (see *e.g.* Medina and Magnusson, 2009). By adopting the conceptual lens provided by care ethics (Held, 2006; Timmons, 2002) we can move beyond abstract and impartial principles to a consideration of concrete caring relationships and how they impact on choices. Care ethics is inherently relational and treats concrete, caring relationships between people as the most basic building blocks of morality (Held, 2006). Moreover, it was developed specifically to address the tendency to overlook the moral significance of family life (Held, 2006; Noddings, 1984) in decision-making. In contrast to extant approaches within studies of consumer ethics, the incorporation of care ethics offers an alternative and potentially insightful lens through which to consider the complex moral balancing of ethical consumption.

The paper is structured as follows. First, we present care ethics as a novel theoretical frame that provides important insights into ethical consumption. Second, we introduce the consumption choices of mothers of young children as a useful context to illuminate the impact of competing moral principles. Third, we explain our empirical context and methodological choices. Fourth, we present the kinds of the ethical dilemmas experienced by our informants and interpret these using care ethics. Fifth, we discuss how the incorporation of care ethics advances understanding of ethical consumption. Sixth, we highlight implications for practice, and finally we conclude and offer directions for further research.

## **Care Ethics**

Although not widely used within studies of ethical consumption, care ethics has gained considerable prominence within moral theory (Timmons, 2002). It refers to “a way of living one’s life and resolving personal conflicts that is driven by feelings of responsibility for enhancing the well-being of others and sensitivity to the interpersonal consequences of one’s actions and choices” (Thompson, 1996: p. 401). Care ethics is usually considered to begin with Gilligan's (1982) criticisms of Kohlberg's (1981) account of the moral development of children. Kohlberg considered the preference for abstract reasoning from impartial principles, more common in male subjects, to be both “higher” and more developed than the relational approaches often favoured by girls and women. In response, Gilligan (1982) argued that it was not that girls were on average less morally developed but rather that they

often approached moral thinking from the web of interpersonal relationships in which they were embedded, and where caring appropriately for others' needs constitutes a central concern. While this contrasted with the typically masculine view favoured by Kohlberg, it demonstrated that feminine approaches were different rather than inferior (Allmark, 1995; Gilligan, 1982). In order to address this, care ethicists have sought to build ethical theories that give proper attention to the sorts of moral thinking frequently favoured by women and girls: namely "the compelling moral salience of attending to and meeting the needs of particular others for whom we take responsibility" (Held, 2006: p. 10).

Within the business-studies literature, care ethics is well established as a basis for ethical behaviour. As such, it has informed how the stakeholder concept (Burton and Dunn, 1996; Wicks *et al.*, 1994) should be treated, approaches to business-ethics education (Burton and Dunn, 2005; Burton *et al.* 2006), global corporate citizenship (Weltzein Hoivick and Melé, 2009) and the modelling of business ethics as a whole (Cavanagh *et al.*, 1995). More recently, Lawrence and Maitlis (2012) incorporate care ethics to explore relationships between co-workers within the organisation. However, despite its apparent relevance to business ethics, care ethics has been overlooked within the field of consumer ethics.

Caring for someone (in the relevant sense) involves: being aware of their needs and knowing how to attend to them (the "intellectual component"); sharing emotionally in their successes and failures in meeting these needs (the "affective component"); and desiring, without self-interest, to help them meet their needs (the "motivational-behavioral" component) (Timmons, 2002: p. 227, 228). Clearly, one cannot care for



everyone in this way; it requires a particular kind of relationship. Hence, care as a moral principle is very far from impartial and gives particular moral significance to those with whom we share caring relationships (Timmons, 2002), including family members and, in particular, small children (Held, 2006; Postow, 2008). This makes care ethics particularly relevant to considering ethical consumption choices within this study. Furthermore, the development of care ethics is closely entwined with the demands of mothering. For example, Held (2006) identified an essay on “Maternal Thinking” (Ruddick, 1980) as the earliest work that could be considered to be part of the tradition of care ethics and argued that care is “probably the most deeply fundamental value” (Held, 2006: p. 17) precisely because it was needed for the survival of infants.

While the biological necessity that infants be cared for constitutes the basis for considering care within morality, it is not, on its own, sufficient for building an *ethics* of care (Noddings, 1984). In one of the major works within the care-ethics tradition, Noddings (1984) makes an important distinction between “natural” and “ethical caring” (p. 79). Natural caring involves acting on behalf of another because we want to, “out of love or natural inclination” (Noddings, 1984: p. 5). Importantly for the current study, Noddings chooses the example of a mother taking care of her children as her primary example of natural caring. Ethical caring involves a conscious attempt to embrace an ideal of oneself as “one-caring” and to strive to act accordingly. Noddings argues that our direct experience of natural caring produces the moral imperative to engage in ethical caring and is cautious to stress that the latter is by no means superior to the former. Indeed, the development of an attitude and of relationships in which caring comes naturally is as much an ethical requirement as

summoning up the will to care when this is needed (Noddings, 1984).

Once care for particular others is considered to be of important moral significance there is the potential for this to come into conflict with other, often impartial, moral demands. Care ethicists recognise this pluralism (e.g. Held, 2007). A moral theory is pluralistic if it contains several moral principles that cannot be reduced to any more basic principle (Timmons, 2002; see also Ross, 1930). Thus, each of these principles should be followed at least when they do not conflict with some other moral principle. Specifically, one is morally required to follow the principle “other things being equal” or “*prima facie*” (Timmons, 2002: p. 192). In the case of care ethics, deciding which principle takes preference, and so determining what is the right action “all things considered” (Postow, 2008; Timmons, 2002), often involves an appeal to one’s own judgement (Timmons, 2002) and emotions (Held, 2006). Importantly, Held (2006) also proposes areas of life in which care should have priority over impartial concerns such as justice, and *vice versa*; the family is given as a realm where care should take precedence and the law as one where justice should. Postow (2008) suggests some techniques by which all-things-considered judgements could sometimes be made in such cases. However she accepts that such arguments will often be exhausted leaving the solution to moral dilemma indeterminate (Postow, 2008).

### **The Transition to Motherhood and Ethical Consumption**

In marked contrast to contemporary treatments of consumer ethics, the prevailing social discourses on mothering place a great emphasis on the moral requirements of care and on particular ways of demonstrating that care (Vincent, 2010). The dominant

ideology of motherhood, intensive mothering (Hays, 1996; Vincent, 2010; see also Douglas and Michaels, 2004), is wholly child-centred, emotionally involving, time-consuming and labour intensive (Arendell, 2000; Hays, 1996; Lee, 2008). Mothers who resist this demanding ideology are often judged as “morally insufficient” (Vincent, 2010, p. 188). As a result, they are encouraged to place care for their children over care for others and, especially, care for themselves (Medina and Magnusson, 2009). This demand for self-sacrifice (Dedeoglu, 2010) represents a much heavier burden than care-ethical moral theory puts on mothers in the same situation, since the latter stresses the importance of caring for oneself so as not be “entirely lost as one-caring” (Noddings 1984, p. 100). This is not particularly surprising given that the ideology of intensive mothering is shaped by the conditions of patriarchy (Hays, 1996) while, in contrast, care ethics originates from a feminist account of morality (Held, 2006).

Contemporary women have multiple roles and aspirations, yet becoming a mother remains one of the most intense role transitions a woman experiences (e.g. Fischer and Gainer, 1993). Because consumption is one means through which identity can be asserted, re-defined and communicated (Belk, 1988; Kleine *et al.*, 1993), there has been a great deal of interest in how this life transition impacts consumption (e.g. Carrigan and Szmigin, 2004; Jennings and O’Malley, 2003; Sevin and Ladwein, 2008). New mothers, in particular, are strongly influenced by the idealised discourse of motherhood (VOICE, 2010) as they affirm their new identity (see e.g. Bailey, 1999; Dimitrovsky *et al.*, 1998; Millward, 2006). They seek to buy products which are fit for purpose, confirm their mothering competences and which signal being a “good mother” to others (Black, 2009; Prothero, 2002; Thomsen and Sørensen, 2006).

Thus, consumption becomes a site to negotiate and display motherhood in contemporary society (see Vincent, 2010; VOICE, 2010). The dramatic, complex changes that motherhood provokes in identity and consumption (see e.g. Prothero, 2002; Thompson, 1996; VOICE, 2010), together with the re-evaluation of values that it often brings about (Carey *et al.*, 2008) are particularly likely to produce unfamiliar situations in which women need to make moral judgements.

The relationship between motherhood and ethical consumption is a complex one, with suggestions that new parents are more sensitive to ethical issues following the birth of a child because they want their children to live in a better world and may engage in a more “ethical lifestyle” (Carey *et al.*, 2008: p. 553). However, this may prove challenging for them as they are exposed to a “cacophony” of information about how to consume for their children (VOICE, 2010: p. 386) and, in any case, it is not always clear what constitutes ethical consumption (see *e.g.* Connolly and Prothero, 2003). In addition, some apparently ethical choices may conflict with women’s lifestyles, values and identities (Black, 2009). Within ethical-consumption literature such tensions are often treated as conflicts either between an ethical position and a pragmatic concern for practicality (Carey *et al.*, 2008) or between the behavioural norms of competing identities (Black and Cherrier, 2010; Cherrier *et al.*, 2011). Given that a mother’s care for her infant can “defensibly be at the forefront of a person’s moral concerns” (Held, 2006: p. 10), our study considers whether these tensions are more appropriately conceptualised as *moral dilemmas*.

## **Method**

This study is exploratory in nature and is intended to investigate the experiences of mothers of young children in making ethical consumption choices and the moral dilemmas experienced therein. Our approach is interpretative and foregrounds women's own consumption experiences (see Carrigan and Szmigin, 2004; Thompson, 1996; VOICE, 2008, 2010). Twenty-two interviews<sup>1</sup> were conducted with mothers from Portugal between August 2011 and January 2013. Table 1 in the Appendix contains the full list of informants. The typical length of an interview was one hour. However, the shortest of these interviews lasted twenty minutes and the longest lasted two hours and fifty minutes. In some cases, participants shared further relevant information after the interview had ended and this was also considered, with the consent of the participants. We employed a semi-structured interview guide and relied on encouraging discussion with open-ended questions through which we sought informants' spontaneous descriptions of their experiences and actions, rather than directly asking about the topics we were looking to address (namely moral decisions). This discovery-orientated approach (Wells, 1993) enabled us to capture fresh and unexpected insights while simultaneously minimising the potential for socially desirable answers. After each interview, emerging themes, moral conflicts and mothering experiences were noted. In this sense, an "as you go" (Kvale, 1996: 178) approach was taken to the analysis and interpretation of the data allowing us to link emerging themes and explore issues in more detail in later interviews. We continued to undertake interviews until we were satisfied that no new themes, concerns, or explanations were being offered (Rubin and Rubin, 1995).

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<sup>1</sup> All interviews were undertaken in accordance with accepted ethical standards. All participants gave their informed consent prior to being interviewed.

Interviews were transcribed in full. Passages identified as particularly important were translated into English and back-translated into Portuguese using native speakers of both languages. We immersed ourselves in the data, reading the transcriptions carefully and repeatedly, and then organised data into themes (Kvale, 1996; Rubin and Rubin, 1995). Our analysis revealed a number of themes which we discuss below. These are the degree to which the experience of motherhood is interlinked with caring, the influence of care on mothers' "public sphere" morals, and mothers' consumption and moral dilemmas.

## **Motherhood, Consumption and Complex Moral Balancing**

### ***Motherhood and Caring***

"It means a previously unknown love, a dimension, a new capacity for love, incomparable, an incomparable capacity to love, clearly superior to any other... There is love and then there is a mother's love." [Diana]<sup>2</sup>.

Consistent with the ideology of intensive mothering (Hays, 1996) and with Noddings' (1984) account of mothers' natural caring for their children, informants in our study describe their experiences of motherhood as loving, caring, nurturing, protecting, giving and self-sacrificing, with many informants overwhelmed by the intensity of emotions they experienced since the birth of their babies. Motherhood often transforms these women's lives in ways that were unexpected:

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<sup>2</sup> Participants are referred to by false names as are any people to whom they refer in the excerpts.

“Life is completely different... before I used to have time to watch TV, to do exercise... now I take her [my daughter] to exercise but I don’t have time to go myself [...] Everything in life revolves around her...” [Joana].

Joana and many other informants acknowledge that their lives have not only been transformed, but that their own identity and needs have become secondary to those of their children:

“Being a mother is being patient, caring... giving yourself up, in a way” [Alice].

Central to Alice’s view of motherhood is “caring”, which she tries to explain as “giving yourself up”. Here we see where natural caring gives way to a conscious commitment to care: what Noddings (1984) called “ethical caring”. It is, however, a rather demanding and self-sacrificing form of ethical caring, in keeping with intensive mothering and lacking the attention to self-care that Noddings (1984) herself considers essential for maintaining oneself as one-caring. This effectively elevates care of the child above all other issues, an idea that was voluntarily expressed by almost all of the informants and is illustrated below:

“It is about sacrifice, to give a lot. To give, give, give, give, always without expecting to receive... It’s about always being there for them when they need, isn’t it? A mother is always there, no matter what [...] our life follows their agenda.” [Mariana]

“... is basically about showing that if that child needs us we’d go to the ends of the Earth and back to help them [...] and it is a huge responsibility, to try to know and do what is right for her” [Maria]

While some of our informants seemed to view the intensive mothering discourse as too demanding or unfair, they still talked about putting themselves last, and, by implication, their children first, as exemplified by Gina below:

“I think that... it also has a less romantic side... it is a hard and tiring labour [...] Society demands so much of us and it is so unfair [...] My time ceased to exist... I’m always the last to have a shower, to get ready... I’ve no time for who I am.” [Gina].

In our informants’ discourses, we can also see the basic components of caring as a moral virtue. The “intellectual component” can be appreciated in participants’ understandings that those cared about “are in need” (Timmons, 2002: p. 227), as Mariana illustrates above, and that mothers know what is best for them, as Maria suggests. But there is more here than simply recognition of their children’s needs. Mariana, for example, must “always be there”, and, importantly, she doesn’t expect to receive anything in return. Here we see the “motivational component” of care as a moral virtue, essentially a “non-self-interested desire to help” (Timmons, 2002: p. 228). The “affective component” is also evident in how mothers engage emotionally with the well-being or suffering of the cared for. For example, Alice described how she feels “happy when she [daughter] is happy” and “anguish when she is unwell”.



In summary, we begin to appreciate that our informants are engaged in natural caring, are led by their emotions and, importantly, are committed to actively drawing on their capacity to care (i.e. to ethical caring) when needed. Caring for one's child, as seen, becomes a moral virtue in its own right. This is important because it is on this basis that care ethics begins to impact and influence decision making and consumption choices.

### ***Caring and “Public-Sphere” Morals***

For many mothers, the emotional engagement of caring for their children is transferred to the public sphere to include children more generally:

“...what I also feel is a crescendo... a crescendo of everything: love, tolerance, compassion... it's an enormous love that I feel... I am more sensitive towards other people's problems. I get much more anguished when I think, for example, of babies that are mistreated, that don't have food... of people that suffer for all kinds of reasons” [Alice].

Here, Alice describes an increased sensitivity to others, particularly other children, as an extension of her feelings towards her own child. This is not uncommon among new mothers. Isaura also experiences a similar transformation whereby the sensitivity she has developed as a mother alters how she engages in her work as a primary-school teacher:

“I look at my students with complicated situations, economic difficulties... and others, causing trouble... and now I am more understanding... because you think, this could be Henrique [older son]... especially now with so much economic uncertainty... you never know what your circumstances will be tomorrow.” [Isaura]

In this case, Isaura’s enhanced sensitivity involves the projection of other children’s circumstances to their own children. Indeed, a heightened empathy towards the suffering of other children was a thought voluntarily shared by almost half of the participants. This echoes the idea in care ethics, that applying the sort of caring that arises in mothering to others - in a necessarily “transformed” (Ruddick, 1980, p.361) or “less intense” (Held, 2006, p. 89) form - in the public realm could make society kinder and even bring about a movement for “the preservation and growth of all children” (Ruddick, 1980, p. 361).

Together with a deeper concern for other children, a greater consideration for the future represents a strong theme within our data, with more than one third of informants voluntarily sharing their thoughts and plans. Specifically, following the birth of their babies, they became more mindful of environmental and social issues because they wanted to ensure a better future for their children, as illustrated by Catarina below. Carey *et al.* (2008: 553) also found this “inheritance factor” to be a prominent motivation for adopting an ethical lifestyle.

“Now I worry more about social issues... I want the world in which Miguel is going to live to be better, fairer [...] I engage more in voluntary work, in

signing petitions, I write to newspapers... these questions of solidarity, social justice are going to affect our lives..." [Catarina].

Other informants tell similar stories, and changes in behaviour include limiting the use of water, recycling, using more public transport, contributing to food banks, and engaging with environmental action groups. As we see below, this concern for the future was not something always experienced prior to the birth of a baby, as Linda openly admits:

"While before I knew the world would be well enough as long as I lived [...] now the world has to be viable for my daughter too." [Linda].

Informants' changes in behaviour are also related to their desire to set a good example for their children and transmit positive values to them. They understand that being a "good mother" involves a focus on teaching the appropriate values and responsibilities:

"I bought a bin separator that I didn't have, to educate, because I thought that it's my responsibility to educate my children... this comes from the children... passing on values... [I'm] using less water because I think that my children will be here in 50 years. Before I didn't want to know because I would not live more than... and I think, will the world be better? I'm very concerned with doing what's right and good so that I can contribute to the world being better for them... there are two main reasons: wanting to transmit good values and wanting to leave a better world for them... it is out of selfishness, for them..."

[Diana].

The apparently contradictory “selfishness, for them” connotes two important elements of Diana’s motivation. Most obviously, the repeated use of the phrase “for them” tells us that Diana is acting from a concern for the well-being of her children, rather than the planet. Additionally, the fact that she sees this as a form of “selfishness” suggests that she acts on this concern not principally because she thinks she *should* secure her children’s well-being but because she wants to; that is to say Diana is engaged in *natural* caring. This is consistent with the idea that she is following a form of care ethics since maintaining an attitude of natural caring is in itself considered an important moral requirement (Noddings, 1984). That she does not appeal directly here to a sense of moral obligation is unsurprising since, in care ethics, such an appeal is expected to be the exception rather than the rule, used when there is difficulty in applying natural caring, or doubt about an ethical choice (Noddings, 1984).

A majority of the women in our study reported a heightened concern for the future of the Earth due to the kinds of processes described above and engaged in behaviours and practices consistent with that concern. This shows that acting in accordance with an ethic of care can work in favour of sustainability.

### ***Consumption and Moral Dilemmas Arising from Care***

Although informants experience a heightened concern for the environment in order to secure their children’s ecological inheritance, this does not always translate easily to their consumption practices. The potential for conflict between this and other

concerns is exemplified in the excerpt below.

“...if I could reconcile the two things, what is the best product for the environment and what I would have to pay, I would, and sometimes I pay more to be more environmentally friendly, but we have our limits and it's not always possible.” [Maria].

Maria, like many other informants, identifies money as an immediate constraint on her environmental purchasing behaviour. This is consistent with other studies (e.g. Bray *et al*, 2011) and is not surprising given that Portugal is in the midst of a deep recession. In the excerpt below, the informant deals with a similar issue but provides further insights into how money influences her decision:

“Sometimes I don't buy those [more environmentally friendly] products because some are extremely expensive [...] the question of money, especially with such instability, weighs heavily, we have to save something, we have to save up for a rainy day, especially with him [child] and such instability.[...] Because now everything is well but what about tomorrow? I try to give him the best and guarantee that I have enough to guarantee his well-being...” [Raquel].

Raquel specifically links saving with providing for her child's future well-being. Although she appreciates that this future well-being is also related to preserving the environment (and, notably, that preserving the environment becomes important “for him”), she understands that providing for his financial security is a stronger priority:

“The priority is him, feeding him well, having enough to *provide for him come what may*... the environment comes second... although this causes some anguish sometimes, when *I’m weighing it up*, he takes priority ... this is not to say that *having a safe [natural] environment for him* is not important too...but I have to make decisions and I feel this is the *right decision*” [Raquel]  
{Emphasis added}

As we see, Raquel refers both to “weighing [...] up” the options and to having made “the right decision”. Thus, what we see here is not simply a pragmatic consideration regarding cost but rather a specifically moral conflict between a duty to save for a “rainy day” in order to care appropriately for one’s child and her desire to purchase environmentally friendly products. Raquel does not see money as merely a constraint on ethical behaviour, as has been argued in previous studies (Bray *et al.*, 2011); rather, it represents for her a separate aspect of moral decision-making arising from the principle of care. Specifically, the moral demand to care for her son produces a duty to do what is needed to provide him with financial security.

The connection between financial security and caring is not limited to providing for the child’s material needs, as Iris illustrates below:

“What if he needs an operation in the future? I will want to do it straight away, I cannot wait. What if he needs braces? I’d rather have money saved for these things so that my son does *not have to grow up feeling that he is a burden* on his parents. I want to have my little nest egg so as to be able to take care of him and

without him *feeling that this will be a sacrifice for us* [...] After becoming a mum, I got more conscious and *I ought to* be more alert and cautious in what I do and in how I spend” [Iris] {Emphasis added}

As well as the explicit mention of taking care of him, we note the repeated reference to her son’s feelings. Thus, we see that the concerns of “ethical consumption” may come into conflict not only with concern for children’s physical but also their emotional well-being. We also see again explicit moral language (“I ought”) used in relation to saving in order to care.

Similar tensions arise regarding how time is best used when caring for a young child. While mothers are compelled to spend quality time with their children (Hays, 1996), almost all of our informants highlight that time is a precious commodity, particularly for women who work outside of the home (Vincent, 2010):

“A lot of the time I worry because we have to work a lot to pay the bills, and that means we are less there for him... there's that conflict between giving your child the best and being absent....” [Gina]

When time is limited, this may create tensions between different moral considerations. This is evident in the excerpt below where Maria talks about choosing between spending time with her daughter and recycling, in which she clearly identifies the former as more important:

“I actually try to have things to have the least possible impact: reusing,

separating the rubbish and trying to pass these things on to my daughter, but sometimes... when I have to choose between being a bit longer with my daughter or [dismissive tone] *separating the plastic*, being with her counts for more... we have so little time to be with our families and if I have to compromise to be with her... if this takes a bit from the environment, the scales fall on the side of being with her... and this doesn't weigh on my conscience because it's very important to me to care for my family, to have quality time with her [daughter] is the most important thing.” [Maria]

{Emphasis added}

Here, when discussing a potential dilemma, we see clear consideration of care as an explicitly ethical principle. Unprompted, Maria explains that this does not weigh on her conscience, as she highlights that care for her family is very important to her. The placement of “because” implies that, other things equal (*prima facie*), separating recyclables *would* weigh on her conscience. However, this concern is overridden by the competing moral demand to spend time caring for her daughter. In the case of Maria, she has judged that there is a stronger requirement within the domain of care to spend time with her daughter and a relatively weaker requirement within the domain of duty to the environment to attend to the details of separating waste. This is highlighted by the somewhat dismissive way in which she refers to recycling as “separating the *plastics*”, which she emphatically contrasted with the more important activity of “spending quality” time with her child. This resembles one of the forms of argument that Postow (2008) offered for deciding precedence between competing demands of care and of impartial reasons: “[if] one consideration is very weighty, *considered in terms of its own sort* and the other is relatively trivial in terms of *its*



own sort then the first should have preference over the second, all things equal” (p. 5).

Thus far we have demonstrated how choices regarding how to spend both time and money become elements of complex moral decision-making in the context of caring for one’s child. There is also evidence that decisions to care for one’s child can have a more immediate impact on “ethical” consumption decisions. We note that that a conflict is especially prone to arise when the “more ethical” alternative is perceived as less good for the child, thus conflicting with what they feel is required to care for their children:

“I wanted to use reusable nappies and I tried when she was two months... but then it went very badly because she would get marks from the fabric and sometimes the wee would get out and I ended up stopping using them... It was not comfortable for her... but it’s always with anguish, because she uses lots of nappies and every time I put a nappy in the bin I feel anguish...” [Alice].

This example clearly highlights the dilemmas experienced when mothers’ experience incommensurability between a duty to care for the environment (ethical consumption) and what is experienced as a more immediate and compelling duty to care for one’s child. This is not a simple case of eschewing one principle in favour of another, but rather the outcome of sensitive balancing. Alice recognises a *prima facie* duty to use cloth nappies, which are better for the environment, and therefore promoted as more ethical. However, she also recognises a *prima facie* duty to ensure the well-being of her child, for whom she considers disposable nappies to be a better choice, an idea promoted and reinforced in advertising since the launch of the original Pampers

product (Neuhaus, 2011). This situation is different from that of Maria choosing between separating her waste and spending time with her daughter in that Alice is unable to reason her way to a solution with which she is entirely happy. This reflects a case, which Postow (2008) described as being common, wherein there is no reasoned argument to solve the question of priority between care and impartial concerns. In such circumstances, Postow suggests it should be left to “the person with most at stake to make the decision” (Postow, 2008: p. 7), as Alice did on behalf of her daughter. In this situation the two principles, care for the environment and care for one’s child, are irreconcilable.

Other informants reported similar stories of biodegradable disposal nappies they had been buying but which they stopped using because they were less comfortable for their babies, or because they preferred to spend time with their children rather than washing nappies. Dilemmas over the choice of reusable versus disposable nappies are also a frequent discussion on online parenting forums (e.g. Mumsnet) where the discussion tends to go along the same lines: a conflict between what is best ecologically and what is best both for the babies and their parents. Thus, while the choice of disposable nappies can be treated as a matter of convenience for mothers (see Carrigan and Szmigin, 2006), we demonstrate that it can also be the result of balancing the competing moral demands of caring for one’s child and caring for the environment.

Similar conflicts between environmental concerns and the effectiveness of products in providing for children’s needs were also reported for other product categories. For example, one informant stopped using an environmentally friendly brand of laundry

detergent because it was not “as good as others at getting stains out of [her son's] clothes”. Such discourses could also be construed as an “appeal to higher loyalties”, a common form of neutralization used by consumers when justifying and minimising guilt arising from “unethical behaviour” (Chatzidakis *et al*, 2004: p. 530, 535). However, in the excerpt below, Iris (who engaged in many environmentally friendly behaviours including reusing bathwater in the toilet, minimizing the use of lights *etc.*), offers an explanation that explicitly goes beyond simply claiming that the ethical principle is less important than some other concern (Chatzidakis *et al*. 2004). Rather, she made a conscious decision on paper towels as a result of an ethic of care:

“It’s not ecological at all, I know, but I prefer them because of bacteria, because fabric towels accumulate bacteria [...] I may feel some conflicts but it depends... if I believe that what I do is for Ricardo’s benefit, it’s for his well-being, then yes, it’s the *right thing*” [Iris] {emphasis added}

Importantly, this excerpt demonstrates that this decision, although contrary to her ecological concerns, is the “right thing” to do because it is better for her child. Iris evidences an explicitly ethical commitment to caring. For her, care for the child is considered an ethical duty in its own right. Furthermore, it is also clear that she considers it the most important duty in this context. In this and preceding examples, mothers believe that they are making the best decision because the requirement to care for their child is felt to be stronger than the requirements of any other relevant *prima facie* duty. Similar negotiations between the demands of “ethical consumption” and of family can be found in the literature (Black, 2009; Cherrier *et al.*, 2011) but are often treated as tensions between different identities. What is novel here is that our

analysis, informed by care ethics, provides evidence for the fact that participants refer to these considerations as normative matters of doing the “right thing” rather than in terms of identity or as *post-hoc* rationalizations for “unethical” behaviour.

We note that the moral dilemmas experienced by these mothers are further complicated by the strong influence of other family members on consumption decisions. For example, Iris, who prior to becoming a mother rarely ate meat, was convinced to eat more red meat by her husband after having her baby based on concerns for the baby’s wellbeing.

“I didn't use to eat meat... I was not vegetarian but there were days and days that I wouldn't touch meat or fish... but now Jorge [husband] ‘*makes*’ me eat it [laughs]... I understand that because I'm breast feeding and because I lost lots of blood in labour, but...I know it's not good for the environment and I know it's not good for our bodies either... but this [red] meat has lots of protein that passes to the baby... if one day he [baby] wants to be vegetarian, he can be, but only when he is eighteen [laughs]” [Iris] {Emphasis added}

Similarly, Isaura explained that she gives red meat to her child because she was persuaded, to a great extent by her parents, that this is “healthy and a good source of proteins”. The influence of family members on consumption choices (see also Childers and Rao, 1992; Epp and Price, 2008) is in keeping with the view shared by care ethicists (Held, 2006; Noddings, 1984) and consumer researchers (Kerrane et al., 2012; O'Malley and Prothero, 2007) that people are fundamentally relational and thus, understanding consumer behaviour, particularly in circumstances where care of others

is involved, demands engagement with the private sphere.

## **Discussion**

The preceding findings reveal a complex relationship between “care ethics” and “ethical consumption”. On the one hand, we saw heightened concern for the natural environment, motivated by the inheritance factor (Carey *et al.*, 2008), as well as concern for social justice, motivated by increased empathy towards others, in keeping with Held’s (2006) and Ruddick’s (1980) ideas about the role of maternal-like thinking in the public realm. On the other hand, there was evidence of consumption that appeared to be not ethical (in the traditional sense). Through an appreciation of care ethics we demonstrate how the duty to care for one’s children may play a central role not only in consumption choices and other ethical lifestyle (Carey *et al.*, 2008) issues, but also in judgements about what is morally “right” or “wrong”. Hence, what is “ethical” becomes more complex, and different beliefs come into conflict.

Ethical theories have traditionally emphasised independence and impartiality and de-emphasised relationships and personal caring (Held, 2006; Timmons, 2002). According to care ethicists this was largely because the field was, for centuries, the preserve of men, who privileged impartial forms of moral reasoning that were typically (or stereotypically) male (Gilligan, 1982) or based on ethics appropriate to male-dominated fields such as contract law (Held, 2006). Accounts of the “attitude-behaviour gap” have tended to inherit this same impartial, “masculine” viewpoint. Therefore, an appreciation of the role of care ethics greatly illuminates ethical consumption choices and points to limitations in extant conceptualisations within

ethical consumption. In our view, treating children's physical, educational, emotional and financial needs as moral concerns in their own right is essential to any credible account of the ethics of consumption in families.

When compared to extant approaches to consumer ethics, incorporation of care ethics significantly enhances our understanding of ethical consumption in three important ways: first, it problematizes the "attitude-behaviour gap" (Carrigan and Attalla, 2001) by demonstrating that this is based on a view of moral reasoning that overlooks the moral import of the private sphere. In this regard, care of dependent children becomes a *prima facie* principle in its own right. Second, we move beyond a view of moral reasoning that considers "other things equal" or "*prima facie*" duties in isolation to accommodate a more pluralistic "all things considered" approach to moral decision making (Held, 2006; Timmons, 2002). Third, we argue that care ethics has wider utility beyond the archetypical caring relationship of mothering. These ideas are elaborated below.

### ***Care of Dependent Children as a Prima Facie Principle***

For the women in our study, the principles to be balanced were, on the one hand, a duty of care and, on the other, the concerns of conventional ethical consumption such as social justice and sustainability. Importantly, this is in contrast with the tendency in consumer ethics to treat the private sphere as outside of ethics. Thus, concerns of care offer moral justification to mothers' behaviour that they might otherwise reject on environmental or other ethical grounds. Considering there to be a particular moral requirement to care for those close to us (Gilligan, 1982) gives moral relevance to a

large class of concerns that would, in a more conventional account of ethical consumption, be viewed as quite separate from morality. Most obviously, supplying children with goods and resources that effectively promote their well-being assumes moral significance. This is especially the case when the dominant ideology of “intensive mothering” (Vincent, 2010) stresses the moral requirement to “pu[t] the child first” (May, 2008: p. 481). Thus, it may be a mistake to assume that the role of time, money and convenience in decisions about ethical consumption are simply inhibitors; they may represent genuine, moral concerns about saving money for the future or spending quality time with a child that arise from a duty of care.

### ***Moral Thinking Based upon “All-Things-Considered”***

If the duty of care for dependent children is a *prima facie* duty, and ethical consumption is *also* a *prima facie* duty, then clearly there is potential for the two to come into conflict. While we understand that each of these principles should be followed “other things equal” (Timmons, 2002: p. 192), when two principles come into conflict, determining what is the right action “all things considered” (Postow, 2008; Timmons, 2002) often involves an appeal to one’s own judgment and emotions (Held, 2006). Importantly, Held (2006) argues that where family is concerned, care ethics should take precedence. Thus, when asked, without context, whether one considers, for example, the environment to be an important moral concern, a person who considers it important *prima facie* to protect the environment could be expected to say simply that yes, it is important. Hence, to purchase items that harm the natural environment appears inconsistent and creates an “attitude-behaviour gap”. However, this reasoning relies on a naively monistic view of morality whereby the impact of a

consumption choice on the particular issue under discussion (in this case the environment) is assumed to be the only morally relevant fact. If instead we conceptualise consumption choices as the outcome of a balancing of competing moral demands, as demonstrated in this study, then failure to consume the most environmentally friendly product may well be consistent with the person's ethical attitudes, *all things considered*. Thus, while some mothers appreciate a *prima facie* duty to care for the environment, they also have a duty of care for their child. Because there is no more basic principle to which we can reduce these conflicting demands and compare their importance (Timmons, 2002; see also Ross, 1930), there are severe limits to how far rational argument can go in deciding the right course of action all things considered (Postow, 2008) and the mothers are left to judge for themselves. Mothers' judgements, informed by natural and ethical caring for their children (Noddings, 1984), as well as a societal ideology of intensive mothering (Hays, 1996) and the influence of other family members, frequently tell them that attending to the child's needs is what they "should do" and other moral concerns become secondary to this. It is a basic feature of pluralistic ethics that *prima facie* duties can be overruled in this way and so misleading results about the attitude-behaviour gap could occur in similar ways in other contexts.

### ***Relevance of Care Ethics beyond the Archetypical Caring Relationship***

As well as having important implications for understanding the ethical-consumption dilemmas experienced by mothers, care ethics has a much broader applicability. While care ethics is built on virtues associated with female moral development and mothering, it is not intended as ethics only for women (Held, 2006). Indeed, care



ethicists pay considerable attention to why the demands of care have fallen so disproportionately on women (Held, 2006) and reject essentialist language in favour of terms like “one-caring” (Noddings, 1984), “mothering person” (Held, 2007) and “maternal thinking” (Ruddick, 1980) that can be applied regardless of gender and to non-parents. Held (2006) also notes that Gilligan’s (1982) original finding that a “care perspective” on morality is particular to women and girls has been challenged on empirical grounds and that it is more common in men than previously thought (p. 27). Equally, it is reasonable to suppose that people in all sorts of contexts frequently feel that attending to the needs of those about whom they care carries moral significance. As Held (2006) notes, all persons need care (and are likely to give care) at various points in their lives. Hence, consumers in a wide range of contexts can be expected to consider there to be a *prima facie* duty to attend to the needs of their family or friends and this has the same potential to conflict with concerns of ethical consumption that we have seen with our informants. Furthermore, care ethics combines naturally with the contemporary movement within consumer-behaviour studies away from considering independent and rational individuals and towards treating people as relational and emotional beings (Commuri and Gentry, 2000; Epp and Price, 2008; Kerrane *et al.*, 2012; O’Malley and Prothero, 2006; 2007). Indeed such assumptions are foundational for care ethics, with Held (2006) noting that “[m]oralities built on the image of the independent, autonomous, rational individual largely overlook the reality of human dependence and the morality for which it calls” (p.10).

### ***Implications for Practice***

Treating personal care as a moral issue dramatically changes the role of anyone attempting to promote pro-environmental or pro-social patterns of consumption. The task goes from (only) seeking to encourage people to do what is right to (also) engaging them in debate about what *is* right, all things considered. In particular, anyone seeking to influence mothers' behaviour ought to be mindful of the fact that conflicting moral principles need to be negotiated, and not simply assume that the demands of "ethical consumerism" (in the conventional sense) ought to outweigh those of care. If mothers are made to perceive that care for their child and care for the environment are often enmeshed, rather than in conflict, they might be encouraged to adopt the desired "ethical behaviour". A policy-maker or environmental activist might, for example, seek to influence mothers towards more sustainable behaviour while paying proper attention to the moral demands on both sides of the decision-making process. To do this they might, on the one hand stress the importance of the environmental issues at stake, perhaps with particular reference to the inheritance effect, whilst on the other hand offering practical solutions to concerns about fulfilling the children's needs. For example, recycling behaviour can be encouraged both on the grounds of securing a better future for children and as a pleasurable activity that can be done playfully with one's children. Thence, recycling becomes part of spending "quality time" with one's child rather than an impediment to it.

Mothers' care-ethical demands may also be attended to by pointing out to mothers circumstances where the benefits of a product to a child are illusory, perhaps pushed, via unscrupulous marketing methods on new mothers, who are known to be vulnerable to such manipulation due to their strong desire to provide the best and their unfamiliarity with their situation (see VOICE, 2010). In addition, our findings suggest

that appeals to mothers' increased moral sensitivity may be effective in influencing behaviour. Consider a mother who feels that the demands of care mean that, all things considered, she is right to buy a product she perceives as more effective but which is produced, say, by a company using child labour. She may well find her intuition as to the best course of action is quite different if she has her attention drawn to the conditions of the children in question.

Equally, companies producing products for children intended as ethical choices should pay attention to mothers balancing of care and other ethical principles. As such they should put effort into ensuring that their products are not perceived as being less effective. Similarly, given the moral importance that the duty to care gives to price, manufacturers and retailers should not assume that consumers who are concerned with doing the right thing will necessarily be willing to pay large price premiums to do so.

## **Conclusions and Directions for Further Research**

Ethical theory has, historically, privileged impartial forms of moral reasoning (Gilligan, 1982) and has overlooked the moral significant of the "private domain" of family and friendship (Held, 2006). Care ethicists have sought to accommodate other, non-linear forms of moral thinking, particularly those that result when care of others is considered (Held, 2006; Timmons, 2002). In considering an archetypical caring relationship (see *e.g.* Medina and Magnusson, 2009) we not only reiterate the challenges associated with ethical consumption but, importantly, demonstrate that the duty to care for one's child is a *prima facie* duty in its own right. In this regard,

treating a child's physical, educational, emotional and financial needs as moral concerns is essential to any credible account of the ethics of consumption.

This study introduces greater nuance and complexity into ethical consumption behaviour. As evidenced, adoption of care ethics can provide novel and insightful accounts of what have previously been accepted as cases of an attitude-behaviour gap. Thus, rather than all failures to obey a particular ethical rule being pragmatic responses to time or money "inhibitors" (Bray *et al.*, 2011) or instances of neutralization (Chatzidakis *et al.*, 2006), some may be the outcome of complex moral balancing involving competing ethical stances. Hence, at least in some cases, an "attitude-behaviour gap" is an illusion caused by considering consumers' moral attitudes on a particular issue in isolation rather than viewing all their various moral attitudes and the interactions between them holistically.

The relationship between motherhood, moral decision-making and consumption clearly warrants further research. While we found considerable evidence that our informants were frequently engaged in negotiating real moral dilemmas, we acknowledge that it will sometimes be ambiguous whether a particular claim is a genuine moral dilemma or neutralisation by appeal to higher loyalties (Chatzidakis *et al.*, 2006). This issue requires attention by researchers seeking to do further work on moral conflicts in consumption. Thus, we need to embrace research methodologies which allow for a more nuanced understanding of consumer decision making, particularly when addressing questions of ethics and morality. There is huge potential in focusing more explicitly on conflicts between caring and concerns of ethical consumption rather than simply allowing them to arise spontaneously as occurred in

this study.

Consideration of care-based conceptions of ethics would benefit studies of consumer ethics in much more general settings. For example, it would also be of value to perform a complementary study of fathers, particularly with reference to the traditional view of fathers as having a moral duty to care for their families by providing for and protecting them. Similarly, a study of consumer ethics amongst those purchasing for sick or elderly relatives in their care would be of interest. Equally, similar studies in other countries with different cultures and economic positions would provide further valuable insights.

In conclusion, this paper highlights the complex relationship between “care ethics” and “ethical consumption”. We demonstrated that care of dependent children is an ethical principle in its own right. Moreover, we saw that when this ethical principle comes into conflict with concerns of ethical consumption (as conventionally understood), mothers frequently judge that the duty to care should take precedence. There may be no clear rules for deciding when this is the correct judgement, but those in caring roles should not be dismissed as morally flexible or inconsistent because “all things considered” they make the “caring” choice.

## Appendix

Table 1: Informants

Informant, age and profession	Number of children, genders and ages
Alice, 39 years old, full-time mother	One daughter, under 1.
Ana, 33 years old, nurse	One son, 5 and one daughter, 1
Carla, 33 years old, teaching assistant	One son, 5, and one daughter, 1.
Catarina, 37 years old, biologist	One son, 2.
Cláudia, 36 years old, manager	One son, 2.
Deolinda, 38 years old, tax clerk	One daughter, 2.
Diana, 42 years old, local-government administrator	One son, 6 and one daughter, 1.
Fátima, 38 years old, lecturer	One daughter, 5.
Gina, 33 years old, lawyer	One son, 2.
Inês, 36 years old, financial consultant	One daughter, under 1.
Iris, 36 years old, designer	One son, under 1
Isaura, 37 years old, secondary-school teacher	Two sons, 3 and 5.
Joana, 36 years old, teacher	One daughter, 7.
Leonor, 32 years old, social worker	One son, 4.
Linda, 38 years old, lecturer	One daughter, 5.
Margarida, 41 years old, supermarket assistant	Two sons, 6 and 11.
Maria, 45 years old, graduate student	One daughter, 5.
Mariana, 35 years old, secretary	Two sons, 4 and 7.
Raquel, 34 years old, full-time mother	One son, 3.
Rosa, 39 years old, communications technician	One son, under 1.
Sofia, 41 years old, technician	One son, 4.
Vera, 33 years old, account manager	One daughter, under 1.

This table contains, on the left, the names used to identify each participant, their age and occupation and, on the right, the number of sons and daughters that each has and the ages thereof.

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